

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: PA**  
**APPLICATION YEAR: 2011**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2011**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: PA**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 24,390,794

A.Preventive and primary care for children:

\$ 11,689,000 ( 47.92%)

B.Children with special health care needs:

\$ 10,297,000 ( 42.22%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 2,404,794 ( 9.86%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 63,801,000

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 20,065,575

\$ 63,801,000

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 88,191,794

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 141,713

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 212,390,947

h. AIDS: \$ 0

i. CDC: \$ 1,331,172

j. Education: \$ 0

k. Other: \$ 0

1st Time Mother/NPI \$ 250,000

EPA \$ 281,453

HUD \$ 3,945,000

MA Lead/NBS \$ 1,217,000

NBHS \$ 150,000

St. Implem. CSHCN \$ 300,000

Traumatic Brain Inj. \$ 250,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 220,257,285

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 308,449,079

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: PA**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 25,502,552	\$ 24,660,179	\$ 24,660,179	\$ 24,663,638	\$ 24,660,179	\$ 24,301,211
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 63,441,000	\$ 57,872,356	\$ 67,403,000	\$ 58,642,905	\$ 66,606,000	\$ 65,658,532
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 88,943,552	\$ 82,532,535	\$ 92,063,179	\$ 83,306,543	\$ 91,266,179	\$ 89,959,743
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 143,226,507	\$ 137,800,302	\$ 149,301,615	\$ 146,898,531	\$ 149,243,436	\$ 169,245,800
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 232,170,059	\$ 220,332,837	\$ 241,364,794	\$ 230,205,074	\$ 240,509,615	\$ 259,205,543
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: PA**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 24,324,168	\$ 24,390,794	\$ 24,394,001		\$ 24,390,794	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 63,603,000	\$ 61,237,809	\$ 64,817,000		\$ 63,801,000	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b>	\$ 87,927,168	\$ 85,628,603	\$ 89,211,001	\$ 0	\$ 88,191,794	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 175,932,687	\$ 185,295,304	\$ 214,426,528		\$ 220,257,285	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 263,859,855	\$ 270,923,907	\$ 303,637,529	\$ 0	\$ 308,449,079	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Funds expended less than anticipated.
2. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The 2008 expended amount does not equal the budgeted amount because what was expended is in line with the actual grant awards we received.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: PA**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,796,652	\$ 2,788,098	\$ 3,385,475	\$ 2,703,608	\$ 2,323,273	\$ 2,408,526
b. Infants < 1 year old	\$ 6,023,316	\$ 5,146,720	\$ 5,593,926	\$ 5,535,796	\$ 5,592,354	\$ 4,249,023
c. Children 1 to 22 years old	\$ 48,693,103	\$ 46,488,104	\$ 47,928,150	\$ 47,427,030	\$ 48,998,186	\$ 51,806,451
d. Children with Special Healthcare Needs	\$ 10,805,023	\$ 11,742,681	\$ 12,085,938	\$ 12,922,025	\$ 11,292,820	\$ 12,130,388
e. Others	\$ 17,695,458	\$ 13,994,229	\$ 21,139,690	\$ 12,558,893	\$ 21,129,546	\$ 17,467,443
f. Administration	\$ 1,930,000	\$ 2,372,703	\$ 1,930,000	\$ 2,159,191	\$ 1,930,000	\$ 1,897,912
g. SUBTOTAL	\$ 88,943,552	\$ 82,532,535	\$ 92,063,179	\$ 83,306,543	\$ 91,266,179	\$ 89,959,743
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 1,693,422	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 141,000,000		\$ 143,741,206		\$ 142,277,779	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 783,434		\$ 715,339		\$ 715,339	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ECCS	\$ 0		\$ 0		\$ 102,000	
EPA	\$ 274,396		\$ 747,070		\$ 278,348	
HUD	\$ 0		\$ 3,000,000		\$ 3,000,000	
MA Lead/NBS	\$ 453,000		\$ 453,000		\$ 453,000	
NBHS	\$ 245,000		\$ 245,000		\$ 337,500	
PRAMS	\$ 0		\$ 200,000		\$ 191,404	
TBI	\$ 0		\$ 0		\$ 100,000	
TBI, SECCS	\$ 470,677		\$ 200,000		\$ 0	
<b>III. SUBTOTAL</b>	\$ 143,226,507		\$ 149,301,615		\$ 149,243,436	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: PA**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,676,486	\$ 2,411,995	\$ 2,505,486		\$ 2,352,733	
b. Infants < 1 year old	\$ 7,810,747	\$ 3,991,523	\$ 7,648,747		\$ 6,937,465	
c. Children 1 to 22 years old	\$ 48,945,267	\$ 47,507,334	\$ 46,106,401		\$ 45,454,277	
d. Children with Special Healthcare Needs	\$ 9,466,260	\$ 12,501,467	\$ 12,667,186		\$ 12,500,225	
e. Others	\$ 16,984,240	\$ 16,901,333	\$ 18,087,180		\$ 18,542,300	
f. Administration	\$ 2,044,168	\$ 2,314,951	\$ 2,196,001		\$ 2,404,794	
g. SUBTOTAL	\$ 87,927,168	\$ 85,628,603	\$ 89,211,001	\$ 0	\$ 88,191,794	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 158,570		\$ 141,713	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 1,270,677		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 170,496,864		\$ 205,509,204		\$ 212,390,947	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 556,441		\$ 690,508		\$ 1,331,172	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
1st Time Mother/NPI	\$ 0		\$ 250,000		\$ 250,000	
EPA	\$ 278,348		\$ 278,348		\$ 281,453	
HUD	\$ 3,000,000		\$ 3,875,000		\$ 3,945,000	
MA Lead/NBS	\$ 0		\$ 1,549,000		\$ 1,217,000	
NBHS	\$ 341,968		\$ 367,664		\$ 150,000	
St. Implem. CSHCN	\$ 0		\$ 0		\$ 300,000	
Traumatic Brain Inj.	\$ 0		\$ 0		\$ 250,000	
PRAMS	\$ 182,422		\$ 177,557		\$ 0	
State Implem. CSHCN	\$ 0		\$ 300,000		\$ 0	
MA LEAD/NBS	\$ 882,000		\$ 0		\$ 0	
TBI	\$ 100,000		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 175,932,687		\$ 214,426,528		\$ 220,257,285	



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Based on the revised spending plan, more money was spent on Children with Special Healthcare Needs and less on Infants less than 1 year old.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Less was spent on Infants <1 year old, but more was spent on Children 1 to 22 years old and Children with Special Healthcare Needs based on our revised spending plan.
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Based on the revised spending plan, more money was spent on Children with Special Healthcare Needs and less on Infants less than 1 year old.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Less was spent on Others, but more was spent on Children 1 to 22 years old and Children with Special Healthcare Needs based on our revised spending plan.
5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Additional money was needed to cover administrative costs.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: PA**

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 23,224,961	\$ 18,781,121	\$ 27,191,725	\$ 17,962,492	\$ 28,062,798	\$ 24,601,275
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 7,745,642	\$ 5,212,927	\$ 5,772,321	\$ 3,988,886	\$ 2,962,865	\$ 3,807,550
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 45,731,923	\$ 44,530,065	\$ 45,725,684	\$ 46,268,008	\$ 46,591,489	\$ 47,547,682
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 12,241,026	\$ 14,008,422	\$ 13,373,449	\$ 15,087,157	\$ 13,649,027	\$ 14,003,236
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 88,943,552	\$ 82,532,535	\$ 92,063,179	\$ 83,306,543	\$ 91,266,179	\$ 89,959,743

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: PA**

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 23,513,175	\$ 22,887,045	\$ 24,166,375	\$	\$ 24,443,921	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,429,017	\$ 3,207,896	\$ 2,082,255	\$	\$ 1,787,639	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 49,043,234	\$ 47,201,950	\$ 48,667,342	\$	\$ 47,479,469	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 12,941,742	\$ 12,331,712	\$ 14,295,029	\$	\$ 14,480,765	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 87,927,168	\$ 85,628,603	\$ 89,211,001	\$ 0	\$ 88,191,794	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Less was spent than we budgeted for.
2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Expenditures exceeded the Budgeted amount as a result of our revised spending plan.
3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
More was spent than we budgeted for.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: PA						
Total Births by Occurrence: <u>145,728</u>				Reporting Year: 2009		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	145,367	99.8	17	16	16	100
Congenital Hypothyroidism	145,367	99.8	71	55	55	100
Galactosemia	145,367	99.8	38	24	24	100
Sickle Cell Disease	145,367	99.8	95	92	92	100
<b>Other Screening (Specify)</b>						
Cystic Fibrosis	76,809	52.7	81	62	62	100
Maple Syrup Urine Disease	145,367	99.8	1	0	0	
Congenital Adrenal Hyperplasia (CAH)	145,367	99.8	98	9	9	100
Amino Acids (AA)	76,809	52.7	33	12	12	100
Acylcarnitine (AC)	76,809	52.7	24	15	15	100
Biotinidase (BIO)	76,809	52.7	18	16	16	100
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2011  
**Field Note:**  
Total births by occurrence is a preliminary figure from the PA Department of Health, Bureau of Health Statistics and Research.
2. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2011  
**Field Note:**  
Number receiving initial screen for AA, AC, BIO, CF indicates number from 7/1/2009 to 12/31/2010. CF diagnosed cases include the diagnosis of CF carrier

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: PA**

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	6,245	19.4	3.9	15.9	21.3	39.5
Infants < 1 year old	146,634	0.3	0.1	0.1	0.1	99.4
Children 1 to 22 years old	219,647	0.4	0.5	0.8	1.8	96.5
Children with Special Healthcare Needs	27,487	15.3	4.3	11.6	1.0	67.8
Others	104,295	9.3	5.6	33.3	34.3	17.5
<b>TOTAL</b>	<b>504,308</b>					

## FORM NOTES FOR FORM 7

The Bureau does not have a capability to unduplicate numbers between the various divisions or their programs. Three divisions within the Bureau of Family Health have broad Title V responsibilities and each serves multiple categories within the "Types of Individuals Served." The Total Served is the sum of each of the division's "Total" for each of the categories. The data collection capabilities, data collection requirements and tracking capabilities all vary depending on the type of service/program within each Division and come from different vendors and different sources. Data for "Primary Sources of Coverage" is not collected for some services (such as some telephone calls to the Healthy Baby Line). The percentages in columns "B-E" reflect data that was collected and column "F" reports "unknowns" as well as "data not collected."

Division of Child and Adult Health Services (215,653)

Pregnant Women: 2,459

Infants <1 Year Old: 605

Children 1 to 22 Years Old: 210,464

Children with Special Healthcare Needs: 1,598

Others: 527

Division of Community Systems Development and Outreach (130,195)

Pregnant Women: 1,846

Infants <1 Year Old: 567

Children 1 to 22 Years Old: 7,285

Children with Special Healthcare Needs: 19,855

Others: 100,642

Division of Newborn Screening & Genetics (158,460)

Pregnant Women: 1,940

Infants <1 Year Old: 145,462

Children 1 to 22 Years Old: 1,898

Children with Special Healthcare Needs: 6034 (Includes 1,191 from CORE)

Others: 3,126

## FIELD LEVEL NOTES

None



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: PA**

Reporting Year: 2009

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	150,474	108,476	22,766	219	5,352	85		13,576
Title V Served	1,251	674	345	0	11	1	30	190
Eligible for Title XIX	58,733	32,713	15,687	109	1,351	48		8,825
<b>INFANTS</b>								
Total Infants in State	150,344	122,635	21,161		5,002			1,546
Title V Served	605	267	270	2	8	1	14	43
Eligible for Title XIX	18,942	13,031	2,104	20	302	8		3,477

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	134,226	14,036	2,212	2,853	199	6,674		4,310
Title V Served	878	371	2	124	10	174	20	43
Eligible for Title XIX	49,808	8,925	0					8,925
<b>INFANTS</b>								
Total Infants in State	136,182	14,162	0					14,162
Title V Served	549	50	6	23	1	8	2	16
Eligible for Title XIX	15,698	3,244	0					3,244

## FORM NOTES FOR FORM 8

Form 8 requires both information from the PA Department of Health, Bureau of Health Statistics and Research, which is generally only available after a one-year delay, and other program information, which is generally available fairly close to the end of the year in question. In an effort to make our reporting as current as possible, and for the convenience of the disparate program personnel who supply us with data, Form 8 reflects data from reporting periods described below.

Total Deliveries in State include live births for 2008 and fetal deaths for 2008.

Title V Served is 2009 program data. Title V served for deliveries is number of pregnant and postpartum women served by PA's local Title V agencies. Title V served for infants is also number of infants served by PA's local Title V agencies and by our county health centers.

Total Infants in state is 2008 population data. 2009 population estimates are not yet available.

Eligible for Title XIX is the Pennsylvania Medical Assistance deliveries and births by race for service dates in FFY 2008/2009. Data are from the Fee-for-Service Delivery System and the HealthChoices Mandatory Managed Care Delivery System (data not available for persons in the Voluntary Managed Care Delivery System). Fee-for-Service Delivery System delivery claims were identified as claims with DRG codes between 0370 and 0375. Fee-for-Service Delivery System newborn claims were identified as claims with DRG codes between 0385 and 0391. Source: DPW Enterprise Data Warehouse

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_More  
**Row Name:** Total Deliveries in State  
**Column Name:** More Than One Race Reported  
**Year:** 2011  
**Field Note:**  
NA
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2011  
**Field Note:**  
NA
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_Indian  
**Row Name:** Total Infants in State  
**Column Name:** American Indian or Native American  
**Year:** 2011  
**Field Note:**  
NA
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_Hawaiian  
**Row Name:** Total Infants in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2011  
**Field Note:**  
Included in Asian
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_More  
**Row Name:** Total Infants in State  
**Column Name:** More Than One Race Reported  
**Year:** 2011  
**Field Note:**  
NA
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2011  
**Field Note:**  
NA
7. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_CentralAmerican  
**Row Name:** Total Deliveries in State  
**Column Name:** Central and South American  
**Year:** 2011  
**Field Note:**  
NA
8. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Mexican  
**Year:** 2011  
**Field Note:**  
NA
9. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Cuban  
**Row Name:** Eligible for Title XIX  
**Column Name:** Cuban  
**Year:** 2011  
**Field Note:**  
NA
10. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2011  
**Field Note:**  
NA

11. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2011  
**Field Note:**  
NA
12. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Mexican  
**Row Name:** Total Infants in State  
**Column Name:** Mexican  
**Year:** 2011  
**Field Note:**  
NA
13. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Cuban  
**Row Name:** Total Infants in State  
**Column Name:** Cuban  
**Year:** 2011  
**Field Note:**  
NA
14. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_PuertoRican  
**Row Name:** Total Infants in State  
**Column Name:** Puerto Rican  
**Year:** 2011  
**Field Note:**  
NA
15. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_CentralAmerican  
**Row Name:** Total Infants in State  
**Column Name:** Central and South American  
**Year:** 2011  
**Field Note:**  
NA
16. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Mexican  
**Year:** 2011  
**Field Note:**  
NA
17. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_Cuban  
**Row Name:** Eligible for Title XIX  
**Column Name:** Cuban  
**Year:** 2011  
**Field Note:**  
NA
18. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2011  
**Field Note:**  
NA
19. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2011  
**Field Note:**  
NA

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: PA**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 986-4550	(800) 986-4550	(800) 986-4550	(800) 986-4550	(800) 986-4550
2. State MCH Toll-Free "Hotline" Name	Special Kids Network/Recreation & Leisure Helpline	Special Kids Network/Recreation & Leisure Helpline	Special Kids Network/Recreation & Leisure Helpline	Special Kids Network/PA Recreation & Leisure Line	Special Kids Network
3. Name of Contact Person for State MCH "Hotline"	Peggy Forte	Peggy Forte	Peggy Forte	Peggy Forte	Jane Mitchell
4. Contact Person's Telephone Number	(717) 772-2763	(717) 772-2763	(717) 772-2763	717) 772-2763	(717) 772-2763
5. Contact Person's Email	pforte@state.pa.us				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	3,293	5,080	6,025

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: PA**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 986-2229/5437</u>	<u>(800) 986-2229/5437</u>	<u>(800) 986-2229/5437</u>	<u>(800) 986-2229/5437/455</u>	<u>(800) 986-2229/5437</u>
2. State MCH Toll-Free "Hotline" Name	Healthy Baby (HB) Healthy Kids (HK)	Healthy Baby (HB) Healthy Kids (HK)	Healthy Baby (HB) Healthy Kids (HK)	Healthy Baby(HB) Healthy Kids (HK) MCH Toll Free Hotline(MCH)	Healthy Baby Healthy Kids
3. Name of Contact Person for State MCH "Hotline"	<u>Peggy Forte</u>	<u>Rodney Shomper</u>	<u>Rodney Shomper</u>	<u>Mary King-Maxey/Peggy</u>	<u>Mary King-Maxey</u>
4. Contact Person's Telephone Number	<u>(717) 772-2763</u>	<u>(717) 772-2763</u>	<u>(717) 772-2763</u>	<u>(717) 772-2763</u>	<u>(717) 772-2763</u>
5. Contact Person's Email	<u>pforte@state.pa.us</u>				
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>85,566</u>	<u>104,009</u>	<u>116,847</u>

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2011**  
[SEC. 506(A)(1)]  
**STATE: PA**

1. State MCH Administration:  
(max 2500 characters)

The Pennsylvania Department of Health's Bureau of Family Health is the State Title V Agency overseeing the MCH Services Block Grant as well as other initiatives focused on maternal, child and family health. The mission of the BFH is to improve the health of pregnant women, infants, children, and CSHCN.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 24,390,794
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 63,801,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 88,191,794</b>

9. Most significant providers receiving MCH funds:

Children's Hospital of Philadelphia
Children's Hospital of Pittsburgh
Philadelphia Department of Public Health
Allegheny County Department of Health

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	6,245
b. Infants < 1 year old	146,634
c. Children 1 to 22 years old	219,647
d. CSHCN	27,487
e. Others	104,295

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Examples of direct and enabling services provided by the Bureau of Family Health include: Comprehensive Specialty Care Clinic Services for CSHCN, Children's Rehabilitative Services, Family Planning Services, Family Consultant Services, Parent to Parent Services, and Epilepsy and Turette Syndrome Support Services Program.

b. Population-Based Services:  
(max 2500 characters)

Examples of population-based services provided by the Bureau of Family Health include: Childhood Lead Posioning Prevention Program, Sudden Infant Death Syndrome Outreach, Folic Acid Education Program, WIC, and the Newborn Hearing and Metabolic Screening Program.

c. Infrastructure Building Services:  
(max 2500 characters)

Examples of infrastructure building services provided by the Bureau of Family Health include: Special Kids Network, Love'em with a Check-up, PA Recreation and Leisure Line, Child Death Review, client eligibility and benefits services, and provider registry services.

12. The primary Title V Program contact person:

Name	Melita J. Jordan, CNM, MSN, APRN C
Title	Director, Bureau of Family Health
Address	7th Fl East, 625 Forster St
City	Harrisburg
State	PA
Zip	17120
Phone	717-787-7192
Fax	717-772-0323
Email	mejordan@state.pa.us
Web	www.health.state.pa.us

13. The children with special health care needs (CSHCN) contact person:

Name	Michelle Connors
Title	Director, Div of Community Systems Development and
Address	7th Fl East, 625 Forster St
City	Harrisburg
State	PA
Zip	17120
Phone	717-772-2763
Fax	717-772-0323
Email	mconnors@state.pa.us
Web	www.health.state.pa.us





**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: PA**

**Form Level Notes for Form 11**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	212	197	200	211	289
Denominator	212	197	200	211	289
Data Source				See Field Level note	See Field Level Note
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: Division of Newborn Screening and Genetics
- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: Division of Newborn Screening and Genetics
- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Division of Newborn Screening and Genetics

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	69	71	73	73	60.6
<b>Annual Indicator</b>	64.8	64.8	60.6	60.6	60.6
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>				See Field Level note	See Field Level note
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	60.6	60.6	60.6	60.6	60.6
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available.

The annual performance objective for this measure has been set to match the annual indicator from 2006, which reflects the results of the latest (2005/2006) National Survey of Children with Special Health Care Needs (CSHCN), and will remain at that level until another CSHCN survey is conducted.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. Data for 2004 through 2006 identified the Core Outcome results from the State and Local Area Integrated Telephone Survey (SLAITS) conducted in 2001. Data for 2007 and 2008 is based on the 2005-2006 SLAITS.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website.

No denominator or numerator data was available

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	52	53	54	54	45.8
Annual Indicator	51.2	51.2	45.8	45.8	45.8
Numerator					
Denominator					
Data Source				See Field Level note	See Field Level note
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	45.8	45.8	45.8	45.8	45.8
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. The annual performance objective for this measure has been set to match the annual indicator from 2006, which reflects the results of the latest (2005/2006) National Survey of Children with Special Health Care Needs (CSHCN), and will remain at that level until another CSHCN survey is conducted.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. Data for 2004 through 2006 identified the Core Outcome results from the State and Local Area Integrated Telephone Survey (SLAITS) conducted in 2001. Data for 2007 and 2008 is based on the 2005-2006 SLAITS.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website.

No denominator or numerator data was available

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	66	68	70	70	66.2
Annual Indicator	61.4	61.4	66.2	66.2	66.2
Numerator					
Denominator					
Data Source				See Field Level note	See Field Level note
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	66.2	66.2	66.2	66.2	66.2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. The annual performance objective for this measure has been set to match the annual indicator from 2006, which reflects the results of the latest (2005/2006) National Survey of Children with Special Health Care Needs (CSHCN), and will remain at that level until another CSHCN survey is conducted.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. Data for 2004 through 2006 identified the Core Outcome results from the State and Local Area Integrated Telephone Survey (SLAITS) conducted in 2001. Data for 2007 and 2008 is based on the 2005-2006 SLAITS.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website.

No denominator or numerator data was available

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	78	80	82	89.5	89.5
Annual Indicator	73.4	73.4	89.5	89.5	89.5
Numerator					
Denominator					
Data Source				See Field Level note	See Field Level note
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	89.5	89.5	89.5	89.5	89.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. The annual performance objective for this measure has been set to match the annual indicator from 2006, which reflects the results of the latest (2005/2006) National Survey of Children with Special Health Care Needs (CSHCN), and will remain at that level until another CSHCN survey is conducted.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. Data for 2004 through 2006 identified the Core Outcome results from the State and Local Area Integrated Telephone Survey (SLAITS) conducted in 2001. Data for 2007 and 2008 is based on the 2005-2006 SLAITS.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website.

No denominator or numerator data was available

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	34	36	38	48	46
Annual Indicator	5.8	5.8	46	46	46
Numerator					
Denominator					
Data Source				See Field Level note	See Field Level note
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. The annual performance objective for this measure has been set to match the annual indicator from 2006, which reflects the results of the latest (2005/2006) National Survey of Children with Special Health Care Needs (CSHCN), and will remain at that level until another CSHCN survey is conducted.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Numerators and denominators are not available. Data for 2004 through 2006 identified the Core Outcome results from the State and Local Area Integrated Telephone Survey (SLAITS) conducted in 2001. Data for 2007 and 2008 is based on the 2005-2006 SLAITS.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website.

No denominator or numerator data was available

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	87	87	87	85	85
Annual Indicator	83.2	84.6	81.4	80.4	
Numerator					
Denominator					
Data Source				See Field Level Note	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2009 will not be available until later in the year 2010

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

The Annual Indicators were obtained from the National Immunization Survey conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. Data are for children 19-35 months of age. Numerators and denominators are not available.

Data should be in this form:

2005: 83.2+/-5.2

2006: 84.6+/-4.4

2007: 81.4+/-4.1

2008: 80.4+/-4.9

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Annual Indicators were obtained from the National Immunization Survey conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. Data are for children 19-35 months of age. Numerators and denominators are not available.

Data should be in this form:

2004: 85.7+/-4.0

2005: 83.2+/-5.2

2006: 84.6+/-4.4

2007: 81.4+/-4.1



**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	14	13	12	15.3	15.1
Annual Indicator	15.4	16.0	16.1	16.3	
Numerator	4,162	4,313	4,313	4,269	
Denominator	269,471	270,122	267,102	262,295	

**Data Source**

See field level note

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	14.9	14.9	14.7	14.7	14.7
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	38	38	38	30	26
Annual Indicator	25.3	29.5	25.8	25.8	28.6
Numerator	11,510	13,895	15,248	15,248	17,984
Denominator	45,576	47,061	59,114	59,114	62,815
Data Source				See Field Level Note	See Field Level Note
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	27	27.5	27.5	28	28
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator is number of Medicaid enrollees who are 8 years old as of 09/30/09 who have a protective sealant on at least one permanent molar tooth, based on paid dental claims. The denominator is the number of Medicaid enrollees who are 8 years old as of 09/30/09.

Source: PA Department of Public Welfare

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator is number of Medicaid enrollees who are 8 years old as of 09/30/08 who have a protective sealant on at least one permanent molar tooth, based on paid dental claims. The denominator is the number of Medicaid enrollees who are 8 years old as of 09/30/08.

Source: PA Department of Public Welfare

Annual Performance Objectives changed from prior years to reflect current trending.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator is number of Medicaid enrollees who are 8 years old as of 09/30/08 who have a protective sealant on at least one permanent molar tooth, based on paid dental claims. The denominator is the number of Medicaid enrollees who are 8 years old as of 09/30/08.

Source: PA Department of Public Welfare

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.4	2.3	2.3	2.3
Annual Indicator	2.3	2.9	2.2	1.4	
Numerator	54	66	50	32	
Denominator	2,326,570	2,313,503	2,299,158	2,290,858	
Data Source				See Field Level Note	
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	35	38.5	40	40	37.5
Annual Indicator	37.5	35.8			
Numerator					
Denominator					
Data Source					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	37.5	37.5	37.5	37.5	37.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2007 birth data should become available in 2010/2011. Data delay as CDC is developing a new system of data collection by year of birth. These data are collected over a 3-year period and final data are available 4 years from date of birth.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The Annual Indicators were obtained from the National Immunization Survey conducted by the National Center for Health Statistics, Center for Disease Control and Prevention. Numerators and denominators are not available.

Data should be in this form:

2005: 37.5 +5.2

2006: 35.8+5.5 - Provisional Data

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2006 birth data should become available in 2009/2010. Data delay as CDC is developing a new system of data collection by year of birth. These data are collected over a 3-yr period and final data are available 4 yrs from date of birth.

The Annual Indicators were obtained from the National Immunization Survey conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. Numerators and denominators are not available.

Data should be in this form:

2004: 32.7+/-4.9

2005: 37.5 +/-5.2

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	98	98	98	98	98.3
Annual Indicator	98.0	98.0	98.1	97.2	97.6
Numerator	138,495	141,791	143,353	140,487	138,427
Denominator	141,341	144,749	146,191	144,564	141,794
Data Source				See Field Level Note	See Field Level Note
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	98.4	98.5	98.6	98.7	98.7
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator source: Division of Newborn Screening and Genetics

Denominator source: PA Department of Health, Bureau of Health Statistics and Research

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator source: Division of Newborn Screening and Genetics

Denominator source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator source: Division of Newborn Screening and Genetics

Denominator source: PA Department of Health, Bureau of Health Statistics and Research

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	9.2	9.2	9.1	7.3	7.5
Annual Indicator	8.3	7.3	7.5	6.7	
Numerator	235,000	203,000	207,000	185,000	
Denominator	2,830,000	2,778,000	2,775,000	2,775,000	
Data Source				See field level note	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	6.7	6.7	6.5	6.5	6.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. The U.S. Census Bureau data for 2009 will not be available until September 2010, so there will be a gap in our reporting on these figures.

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Percent and denominator are from Table HI-5, Health Insurance Coverage Status and Type of Coverage by State, Children Under 18, prepared by the U.S. Census Bureau. The numerator was calculated using the data from Table HI-5. PA has chosen to use the U.S. Census Bureau data because we believe it is the most consistent, reliable, and objective data available to us.

3. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Percent and denominator are from Table HI-5, Health Insurance Coverage Status and Type of Coverage by State, Children Under 18, prepared by the U.S. Census Bureau. The numerator was calculated using the data from Table HI-5. PA has chosen to use the U.S. Census Bureau data because we believe it is the most consistent, reliable, and objective data available to us. The U.S. Census Bureau data for 2008 will not be available until September of 2009, so there will be a gap in our reporting on these figures. The data for year 2004 were revised based on improvements to the algorithm that assigned coverage to dependents, and there was an adjustment to the weights.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	13.9	13.8	13.7	13.6	13.5
Annual Indicator	25.0	24.7	24.2	25.8	26.8
Numerator	25,787	25,570	25,337	28,865	31,928
Denominator	103,151	103,524	104,699	111,879	119,134
Data Source				See Field Level note	See Field Level Note
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	20	19	18	17	16
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: CDC Pediatric Nutrition Surveillance System
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: CDC Pediatric Nutrition Surveillance System
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: CDC Pediatric Nutrition Surveillance System

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		14.2	14	14	13.4
Annual Indicator		13.7	13.8	13.6	
Numerator		19,559	19,786	19,395	
Denominator		142,397	143,897	143,099	
Data Source				See Field Level Note	
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the above reasons, explain the data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	13.1	12.8	12.5	12.2	11.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics



**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.2	8.1	6	5.2	5.1
Annual Indicator	6.2	5.4	5.1	6.2	
Numerator	57	50	47	57	
Denominator	924,662	928,078	926,505	922,818	
Data Source	See Field Level Note				
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	5.1	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	80.1	81.9	82.5	82.5	82.7
Annual Indicator	76.0	81.1	82.1	77.9	
Numerator	1,727	1,942	1,963	1,893	
Denominator	2,272	2,394	2,390	2,430	
Data Source				See Field Level Note	
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	82.7	82.9	82.9	82.9	82.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and research

2004 data have been revised as of April 26, 2007

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	83	83.5	84	81	79.6
Annual Indicator	81.1	80.1	79.6	79.4	
Numerator	97,194	96,697	95,872	98,657	
Denominator	119,787	120,770	120,471	124,291	
Data Source				See Field Level Note	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	79.8	79.9	79.9	80	80
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: PA**

**Form Level Notes for Form 11**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

Percent of callers who have expressed satisfaction with the services provided by the Special Kids Network Helpline.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		100	92	92	94.2
<b>Annual Indicator</b>	94.3	90.3	91.9	94.2	94.9
<b>Numerator</b>	482	167	406	311	223
<b>Denominator</b>	511	185	442	330	235
<b>Data Source</b>				See Field Level note	See Field Level Note
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	94.6	95	95.2	95.5	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: Division of Community Systems Development and Outreach.

The MCH Block Grant satisfaction rate during calendar year 2009 is based on responses from families and professionals to the questions, "Would you call the Special Kids Network again?"

**2. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Division of Community Systems Development and Outreach

The satisfaction rate during calendar year 2008 is based on responses from families and professionals to the question, "Would you call the Special Kids Network again?"

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

Rate of infant deaths as a result of Sudden Infant Death Syndrome (SIDS) and accidental suffocation and strangulation in bed per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		0.5	0.5	0.5	0.5
Annual Indicator	0.5	0.4	0.6	0.6	
Numerator	73	59	93	85	
Denominator	145,033	148,706	150,322	148,934	
Data Source				See Field Level Note	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>0.5</u>	<u>0.5</u>	<u>0.5</u>	<u>0.5</u>	<u>          </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR**

The rate of pregnancy (per 1,000) among females ages 15-17

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective				22.3	23.9
Annual Indicator	22.3	23.6	23.9	24.4	
Numerator	6,016	6,370	6,385	6,397	
Denominator	269,471	270,122	267,102	262,295	
Data Source				See Field Level Note	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	23.6	23.5	23	23	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR**

Percent of children ages 6 years and younger tested for elevated blood lead levels

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective				13	13.8
Annual Indicator		10.7	12.7	13.3	14.1
Numerator		109,894	130,954	137,878	145,996
Denominator		1,031,796	1,030,272	1,035,787	1,034,432
Data Source				See Field Level note	See Field Level Note
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	13.8	14	15	16.5	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator source: PA NEDSS

Denominator is an estimate not produced by the PA State Data Center

**2. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator source: PA NEDSS

Denominator source: PA State Data Center

**3. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator source: PA NEDSS

Denominator source: PA State Data Center



**STATE PERFORMANCE MEASURE # 11 - REPORTING YEAR**

The percent of tested children ages 6 years and younger with confirmed elevated blood lead levels.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective				2.3	2.3
Annual Indicator			2.3	2.2	1.9
Numerator			3,026	2,996	2,750
Denominator			130,954	137,878	145,996
Data Source				See Field Level note	See Field Level Note
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	2.2	2.2	2.1	2	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: PA NEDSS

The annual performance objective is not being changed because there is no direct correlation between the number of children tested and the percentage of confirmed elevated results, making the confirmed elevated percentage difficult to predict. Although the CLPPPs are currently testing in identified high-risk areas, only 30% of those children are being tested. It is possible that as those untested populations are tested, the number of confirmed elevated results as a percentage of the population could increase.

**2. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA NEDSS

**3. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA NEDSS

**STATE PERFORMANCE MEASURE # 12 - REPORTING YEAR**

The percentage of statewide breastfeeding initiation

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>				67	68
<b>Annual Indicator</b>	63.7	64.6	65.4	66.5	
<b>Numerator</b>	86,720	90,282	92,712	94,789	
<b>Denominator</b>	136,168	139,794	141,705	142,543	
<b>Data Source</b>				See Field Level Note	
<b>Is the Data Provisional or Final?</b>				Final	

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	69	70	71	72	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form11\_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form11\_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**STATE PERFORMANCE MEASURE # 13 - REPORTING YEAR**

The percentage of infants with failed hearing screenings that are lost to follow-up

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective				19.5	15.9
Annual Indicator	19.3	20.7	15.9	6.7	
Numerator	271	290	220	127	
Denominator	1,402	1,400	1,383	1,887	
Data Source				See Field Level Note	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15.7	15.5	15.3	15.1	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available because of a 1 year turn-around time in final data. The annual performance objective for this measure has been updated to bring objectives in line with improved lost to follow-up rates. The 2008 data on this performance measure indicates that 6.73 percent of infants who failed hearing screenings were lost to follow-up.

**2. Section Number:** Form11\_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Division of Newborn Screening and Genetics.

**3. Section Number:** Form11\_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Division of Newborn Screening and Genetics



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: PA**

**Form Level Notes for Form 12**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	<u>7.2</u>	<u>7.1</u>	<u>7</u>	<u>7</u>	<u>7.5</u>
<b>Annual Indicator</b>	<u>7.2</u>	<u>7.5</u>	<u>7.5</u>	<u>7.3</u>	<u>7.3</u>
<b>Numerator</b>	<u>1,047</u>	<u>1,122</u>	<u>1,123</u>	<u>1,090</u>	<u>1,090</u>
<b>Denominator</b>	<u>145,033</u>	<u>148,706</u>	<u>150,322</u>	<u>148,934</u>	<u>148,934</u>
<b>Data Source</b>				See Field Level Note	See Field Level Note
<b>Check this box if you cannot report the numerator because</b> 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data shown is 2008 final data. 2009 data not available. Usually these data are available 12 to 18 months from the close of the calendar year.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: PA Department of Health, Bureau of Health Statistics and Research
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: PA Department of Health, Bureau of Health Statistics and Research

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	2.4	2.3	2.2	2.7	2.7
Annual Indicator	2.5	2.7	2.7	2.1	2.1
Numerator	15.7	17	17	14.4	14.4
Denominator	6.3	6.3	6.2	6.7	6.7

**Data Source**See Field Level  
NoteSee Field Level  
Note

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	2.6	2.6	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data shown is 2008 final data. 2009 Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form12\_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form12\_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	5.3	5	4.8	4.6	4.6
Annual Indicator	5.1	5.4	4.9	5.2	5.2
Numerator	742	806	739	779	779
Denominator	145,033	148,706	150,322	148,934	148,934

**Data Source**See Field Level  
NoteSee Field Level  
Note

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	4.6	4.6	4.6	4.6	4.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Form12\_Outcome Measure 3

**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data shown is 2008 final data. 2009 Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

- 2.
- Section Number:**
- Form12\_Outcome Measure 3

**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research.

- 3.
- Section Number:**
- Form12\_Outcome Measure 3

**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	1.9	1.9	1.8	1.8	2.5
Annual Indicator	2.1	2.1	2.6	2.1	2.1
Numerator	305	316	384	311	311
Denominator	145,033	148,706	150,322	148,934	148,934

**Data Source**See Field Level  
NoteSee Field Level  
Note

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	2.5	2.4	2.4	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data shown are 2008 final data. 2009 Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research



**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	7.4	7.2	7.1	7	7
Annual Indicator	7.2	7.1	7.0	7.3	7.3
Numerator	1,047	1,063	1,052	1,095	1,095
Denominator	145,460	149,098	150,756	150,474	150,474
Data Source				See Field Level Note	See Field Level Note
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data shown are 2008 final data. 2009 Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

2. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

3. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: PA Department of Health, Bureau of Health Statistics and Research

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	18	17.5	17	17	17.5
Annual Indicator	18.7	17.4	17.9	16.3	16.3
Numerator	408	377	384	348	348
Denominator	2,181,508	2,169,424	2,150,581	2,140,514	2,140,514

**Data Source**

See Field Level  
Data

See Field Level  
Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	17.5	17.3	17.3	17.1	17.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data shown are 2008 final data. 2009 Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: PA**

**Form Level Notes for Form 12**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: PA**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 17

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: PA    FY: 2011**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Decrease barriers for prenatal care for at-risk/uninsured women through implementation of best practices.
2. Reduce infant mortality rate for minorities.
3. Increase behavioral health (mental health and substance abuse) screening, diagnosis and treatment for pregnant women and mothers (this includes post partum depression).
4. Decrease teen pregnancy through comprehensive sex education.
5. Increase screening for mental health issues among infants, children and adolescents.
6. Expand access to physical and behavioral health services for high risk youth such as LGBTQ, runaway/homeless.
7. Expand injury prevention activities (including suicide prevention) for infants, children, and adolescents.
8. Increase awareness of and access to comprehensive information about services and programs for CSHCN.
9. Improve the transition of children and youth with special health care needs from child to adult educational, medical, and social services.
10. Identify strategies for increasing respite care for caregivers.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None



**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: PA

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Data management for the newborn screening and follow-up program	To better report program data, for example through GIS mapping	TA is requested from HRSA
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Strengthening of existing parent/youth/professional forums	To build sustainability into these forums	TA is requested from HRSA
3.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Adult medical homes for individuals with special health care needs	There is not currently funding for adult medical homes so as CSHCN transition into adult hood there is not services for them.	TA is requested from HRSA
4.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Assistance in the development of a birth defects surveillance program	Currently PA does not have a birth defects surveillance program	TA is requested from HRSA
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: PA**

SP(Reporting Year) # 5

**PERFORMANCE MEASURE:**

Percent of callers who have expressed satisfaction with the services provided by the Special Kids Network Helpline.

**STATUS:**

Active

**GOAL**

To increase the percentage of callers to the SKN who are satisfied with the services provided by SKN.

**DEFINITION**

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**Numerator:**

Number of completed calls to the SKN that resulted in a satisfactory survey response.

**Denominator:**

Number of completed calls to the SKN.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-23

Increase the number of states that have service systems for children with special health care needs.

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**DATA SOURCES AND DATA ISSUES**

Health and Human Services Call Center

**SIGNIFICANCE**

Parents/guardians with children who have special health care needs are more likely to obtain the needed services if they have access to or are aware of a public system that will provide reliable and relevant information and referral services in a fast and efficient manner.

SP(Reporting Year) # 6

**PERFORMANCE MEASURE:**

Rate of infant deaths as a result of Sudden Infant Death Syndrome (SIDS) and accidental suffocation and strangulation in bed per 1,000 live births.

**STATUS:**

Active

**GOAL**

To reduce the infant death rate due to SIDS and accidental suffocation and strangulation in bed to .50 per 1,000 live births.

**DEFINITION**

**Numerator:**

Number of infant (under age 1 year) deaths due to SIDS and accidental suffocation and strangulation in bed.

**Denominator:**

Number of resident live births in the State in the calendar year

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-1h

Reduce deaths from sudden infant death syndrome (SIDS) to 0.25 per 1,000

**DATA SOURCES AND DATA ISSUES**

State vital records.

**SIGNIFICANCE**

SIDS is the leading cause of postneonatal death among all racial and ethnic groups. A reduction in the rate of death from SIDS will contribute greatly to reducing the overall infant mortality rate. Babies are safest sleeping alone, on their backs in uncluttered cribs. Babies who are not put to sleep safely are at risk of suffocation or strangulation. In some areas of the State, more babies have died in co-sleeping environments than as a result of child abuse.

SP(Reporting Year) # 9

**PERFORMANCE MEASURE:**

The rate of pregnancy (per 1,000) among females ages 15-17

**STATUS:**

Active

**GOAL**

To reduce the rate of pregnancies among females ages 15-17

**DEFINITION**

Pregnant females ages 15-17

**Numerator:**

Number of resident pregnancies among females ages 15-17

**Denominator:**

Number of resident females ages 15-17

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 9-7

Reduce pregnancies among adolescent females

**DATA SOURCES AND DATA ISSUES**

State Vital records and census data are source

**SIGNIFICANCE**

Teen pregnancy rates in Pennsylvania have been declining; however, there are significant racial and ethnic disparities in the teen pregnancy rates. From 2000-2004 the overall teen pregnancy rate for PA residents ages 15-17 decreased from 28.1 to 23.0. However, there are significant racial/ethnic disparities. In 2004 the teen pregnancy rate (15-17 year olds) for white teens was 12.9, for black teens 71.5 and for Hispanic teens 67.2.

**PERFORMANCE MEASURE:**

Percent of children ages 6 years and younger tested for elevated blood lead levels

**STATUS:**

Active

**GOAL**

To increase the percent of children ages 6 years and younger who are tested for lead poisoning.

**DEFINITION**

Percent of Pennsylvania children ages 6 years and younger tested for elevated blood lead levels

**Numerator:**

Number of children ages 6 years and younger tested for lead poisoning

**Denominator:**

Number of children ages 6 years and younger

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 8-11

Eliminate elevated blood lead levels in children

**DATA SOURCES AND DATA ISSUES**

PA NEDSS and Bureau of Health Statistics (population data)

**SIGNIFICANCE**

Considerable progress has been made in reducing blood lead levels in Pennsylvania's children. However, lead poisoning, which is a preventable environmental health problem and children are the most susceptible to the adverse health, neurological and behavioral reactions from exposure to lead-containing products. An elevated blood lead can cause mental retardation, learning disabilities, and behavioral problems in children. In some cases, high blood levels can cause seizures, coma and even death.

**PERFORMANCE MEASURE:**

The percent of tested children ages 6 years and younger with confirmed elevated blood lead levels.

**STATUS:**

Active

**GOAL**

Decrease the number of children ages 6 years and younger with confirmed elevated blood lead levels

**DEFINITION**

The percent of tested Pennsylvania children ages 6 years and younger with confirmed elevated blood lead levels.

**Numerator:**

Number of children ages 6 years and younger with confirmed elevated blood lead levels

**Denominator:**

Number of children ages 6 years and younger tested

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 8-11 Eliminate elevated blood lead levels in children

**DATA SOURCES AND DATA ISSUES**

PA NEDSS

**SIGNIFICANCE**

Considerable progress has been made in reducing blood lead levels in Pennsylvania's children. However, lead poisoning, which is a preventable environmental health problem and children are the most susceptible to the adverse health, neurological and behavioral reactions from exposure to lead-containing products. An elevated blood lead can cause mental retardation, learning disabilities, and behavioral problems in children. In some cases, high blood levels can cause seizures, coma and even death.



SP(Reporting Year) # 12

**PERFORMANCE MEASURE:**

The percentage of statewide breastfeeding initiation

**STATUS:**

Active

**GOAL**

To increase statewide breastfeeding initiation

**DEFINITION**

Number of resident Pennsylvania women who initiate breastfeeding annually

**Numerator:**

Number of resident women who initiate breastfeeding annually

**Denominator:**

Number of resident live births annually

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-19a

Increase the proportion of mothers who breastfeed their babies in early postpartum period

**DATA SOURCES AND DATA ISSUES**

Pennsylvania Birth Certificate, WIC, CDC PedNSS Report

**SIGNIFICANCE**

The advantages of breastfeeding are indisputable and include nutritional, immunological and psychological benefits to both infant and mother, as well as economic benefits. In 2005, Pennsylvania ranked 35th in the nation, and 40th place in 2006 in the percentage of children ever breastfed (National Center for Chronic Disease Prevention and Health Promotion National Immunization Survey). Significant racial differences exist in Pennsylvania's breastfeeding initiation rates. African-Americans are Pennsylvania's largest minority group, comprising 15% of the state's births. In 2006, this group has the lowest initiation rate of 51%. Hispanics, comprising 8% of births has an initiation rate of 63%.

**PERFORMANCE MEASURE:**

The percentage of infants with failed hearing screenings that are lost to follow-up

**STATUS:**

Active

**GOAL**

Decrease the percentage of infants that have a failed hearing screening that are not followed to conclusion

**DEFINITION**

The percentage of Pennsylvania infants that have a failed hearing screening that are not followed to conclusion

**Numerator:**

number of infants lost to follow-up

**Denominator:**

number of infants failing re-screening

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 28-11

Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months. (Developmental) Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months.

**DATA SOURCES AND DATA ISSUES**

Newborn Hearing Screening Program and Newborn Screening Data system

**SIGNIFICANCE**

The advantages of early detection of hearing impairments are indisputable and include necessary follow-up of free and appropriate enrollment in habilitation and education programs. The national lost to follow-up rate is over 50% and PA is about 12%; our goal is reduce the % to 0.

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: PA**

**Form Level Notes for Form 17**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>43.4</u>	<u>47.1</u>	<u>45.3</u>	<u>41.8</u>	<u>          </u>
<b>Numerator</b>	<u>3,170</u>	<u>3,442</u>	<u>3,322</u>	<u>3,082</u>	<u>          </u>
<b>Denominator</b>	<u>731,167</u>	<u>731,116</u>	<u>732,956</u>	<u>737,202</u>	<u>          </u>
<p><b>Check this box if you cannot report the numerator because</b>  <b>1. There are fewer than 5 events over the last year, and</b>  <b>2. The average number of events over the last 3 years is fewer</b>  <b>than 5 and therefore a 3-year moving average cannot be</b>  <b>applied.</b>  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
<b>Is the Data Provisional or Final?</b>				Final	

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 11 to 12 months from the close of the calendar year.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

ICD-9CM Codes for primary diagnosis.

Numerator source: PA Health Care Cost Containment Council

Denominator source: PA State Data Center

**3. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

ICD-9CM Codes for primary diagnosis.

Numerator source: PA Health Care Cost Containment Council

Denominator source: PA State Data Center

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>81.7</u>	<u>75.4</u>	<u>80.0</u>	<u>80.0</u>	<u>81.7</u>
<b>Numerator</b>	<u>56,096</u>	<u>56,739</u>	<u>59,604</u>	<u>59,604</u>	<u>62,154</u>
<b>Denominator</b>	<u>68,651</u>	<u>75,220</u>	<u>74,502</u>	<u>74,502</u>	<u>76,063</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Numerator data is from the CMS416 Report for the service date period 10/01/08 - 9/30/09. The denominator is the number of Medicaid enrollees who are less than one year old as of 09/30/09.

Source: PA Department of Public Welfare.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator data is from the CMS416 Report for the service date period 10/01/07 – 09/30/08. The denominator is the number of Medicaid enrollees who are less than one year old as of 09/30/08.

Source: PA Department of Public Welfare

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator data is from the CMS416 Report for the service date period 10/01/07 – 09/30/08. The denominator is the number of Medicaid enrollees who are less than one year old as of 09/30/08.

Source: PA Department of Public Welfare

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>53.0</u>	<u>62.8</u>	<u>66.5</u>	<u>75.2</u>	<u>80.4</u>
<b>Numerator</b>	<u>683</u>	<u>787</u>	<u>968</u>	<u>1,359</u>	<u>1,402</u>
<b>Denominator</b>	<u>1,289</u>	<u>1,253</u>	<u>1,455</u>	<u>1,807</u>	<u>1,743</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data are provided by CHIP contractors using HEDIS-like parameters and reported for federal fiscal year 10/01/09 to 09/30/09.

Source: PA Department of Insurance.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data are provided by CHIP contractors using HEDIS-like parameters and reported for federal fiscal year 10/01/07 to 09/30/08.

Source: PA Department of Insurance

**3. Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator and denominator were provided by CHIP contractors using HEDIS-like parameters and reported for federal fiscal year 10/01/06 to 09/30/07.

Source: PA Department of Insurance

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>66.6</u>	<u>66.0</u>	<u>65.6</u>	<u>66.4</u>	<u>        </u>
<b>Numerator</b>	<u>75,623</u>	<u>75,410</u>	<u>75,142</u>	<u>78,938</u>	<u>        </u>
<b>Denominator</b>	<u>113,626</u>	<u>114,297</u>	<u>114,467</u>	<u>118,960</u>	<u>        </u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Calculated with missing data (adequacy measure could not be computed) removed from denominator.

Source: PA Department of Health, Bureau of Health Statistics and Research

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Calculated with missing data (adequacy measure could not be computed) removed from denominator.

2004 data have been revised as of April 26, 2007.

Source: PA Department of Health, Bureau of Health Statistics and Research

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>92.0</u>	<u>88.9</u>	<u>74.9</u>	<u>74.9</u>	<u>75.7</u>
<b>Numerator</b>	<u>874,776</u>	<u>882,745</u>	<u>833,162</u>	<u>833,162</u>	<u>888,994</u>
<b>Denominator</b>	<u>950,670</u>	<u>993,176</u>	<u>1,112,818</u>	<u>1,112,818</u>	<u>1,174,081</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator is based on claims having a date of service during the period 10/01/08 to 09/30/09, regardless of the claim adjudication date or payment date. Numerator is the number of children age 0 to 20 who received a service approved by MA either through the Fee-for-Service or Managed Care Delivery System. DPW cannot provide a number for children potentially eligible for MA who did not apply. The denominator is the number of children who have been determined to be eligible for MA who are age 0 to 20 during the reporting period.

Source: PA Department of Public Welfare.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator is based on claims having a date of service during the period 10/01/07 to 09/30/08, regardless of the claim adjudication date or payment date. Numerator is the number of children age 0 to 20 who received a service approved by MA either through the Fee-for-Service or Managed Care Delivery System. DPW cannot provide a number for children potentially eligible for MA who did not apply. The denominator is the number of children who have been determined to be eligible for MA who are age 0 to 20 during the reporting period.

Source: PA Department of Public Welfare

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator is based on claims having a date of service during the period 10/01/07 to 09/30/08, regardless of the claim adjudication date or payment date. Numerator is the number of children age 0 to 20 who received a service approved by MA either through the Fee-for-Service or Managed Care Delivery System. DPW cannot provide a number for children potentially eligible for MA who did not apply. The denominator is the number of children who have been determined to be eligible for MA who are age 0 to 20 during the reporting period.

Source: PA Department of Public Welfare

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>38.6</u>	<u>38.3</u>	<u>41.4</u>	<u>40.3</u>	<u>48.3</u>
<b>Numerator</b>	<u>76,564</u>	<u>79,334</u>	<u>86,749</u>	<u>85,267</u>	<u>105,835</u>
<b>Denominator</b>	<u>198,133</u>	<u>206,929</u>	<u>209,765</u>	<u>211,661</u>	<u>219,317</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data are from the CMS416 Report for the service date period 10/01/2008-09/30/2009.

Source: PA Department of Public Welfare

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data are from the CMS416 Report for the service date period 10/01/2007 – 09/30/2008. Note - the numerator data was updated after CMS416 Report was released.

Source: PA Department of Public Welfare

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

HSCI #07B: Data is provided to the Title V program by PA Department of Public Welfare, from their CMS416 Report for the service date period 10/01/2005 – 09/30/2006.



**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.1</u>	<u>0.0</u>	<u>0.0</u>	<u></u>
<b>Numerator</b>	<u>9</u>	<u>58</u>	<u>7</u>	<u>18</u>	<u></u>
<b>Denominator</b>	<u>57,809</u>	<u>56,556</u>	<u>54,477</u>	<u>56,237</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Since State SSI beneficiaries are eligible for Medical Assistance, the percent of beneficiaries receiving benefits from the State's CSHCN program is expected to be very low relative to the number of SSI beneficiaries in the State. The majority of identified SSI beneficiaries from the State's CSHCN program were children receiving comprehensive specialty care by multi-disciplinary teams.

Numerator is State Fiscal year data from CORE (SFY 08-09).

Denominator is number of children receiving SSI payments in PA as of December 2008, the Social Security Administration's December 2008 report at <http://www.hrtw.org/youth/data.html#ssi08>

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Since State SSI beneficiaries are eligible for Medical Assistance, the percent of beneficiaries receiving benefits from the State's CSHCN program is expected to be very low relative to the number of SSI beneficiaries in the State. The majority of identified SSI beneficiaries from the State's CSHCN program were children receiving comprehensive specialty care by multi-disciplinary teams.

Numerator is State Fiscal year data from CORE (SFY 07-08).

Denominator is number of children receiving SSI payments in PA as of December 2007, the Social Security Administration's December 2007 report.



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: PA**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2008	Payment source from birth certificate	<u>10.4</u>	<u>7.1</u>	<u>8.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>0</u>	<u>0</u>	<u>7.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>69.4</u>	<u>84.3</u>	<u>79.4</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>63.4</u>	<u>68</u>	<u>66.4</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: PA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">185</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> )	2009	<div style="text-align: right;">133</div> <div style="text-align: right;">100</div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">185</div>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: PA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">200</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> )	2009	<div style="text-align: right;">200</div> <div style="text-align: right;">200</div> <div style="text-align: right;"></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;"></div>

## FORM NOTES FOR FORM 18

HSCI #06 - Medicaid information is from PA Department of Public Welfare. CHIP information is from PA Department of Insurance. Medicaid and CHIP information is current eligibility.

The percent of poverty level for eligibility in PA's Subsidized 1 CHIP program is 201% - 250% FPL regardless of age.

The percent of poverty level for eligibility in PA's Subsidized 2 CHIP program is 251% - 275% FPL regardless of age.

The percent of poverty level for eligibility in PA's Subsidized 3 CHIP program is 276% - 300% FPL regardless of age.

Note: Children in CHIP Subsidized 1 program pay 25% of the premium, 35% of the premium in Subsidized 2, and 40% of the premium in Subsidized 3.

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - SCHIP

**Field Name:** SCHIP\_Infant

**Row Name:** Infants

**Column Name:**

**Year:** 2011

**Field Note:**

The percent of poverty level for eligibility in PA's Free CHIP program for infants under 1 is 185%-200% of the Federal Poverty Level (FPL).

2. **Section Number:** Form18\_Indicator 06 - SCHIP

**Field Name:** SCHIP\_Children

**Row Name:** SCHIP Children

**Column Name:**

**Year:** 2011

**Field Note:**

The percent of poverty level for eligibility in PA's Free CHIP program for children 1-5 is 133% - 200% FPL.

The percent of poverty level for eligibility in PA's Free CHIP program for children 6-18 is 100% - 200% FPL.

3. **Section Number:** Form18\_Indicator 06 - SCHIP

**Field Name:** SCHIP\_Women

**Row Name:** Pregnant Women

**Column Name:**

**Year:** 2011

**Field Note:**

SCHIP coverage is non-applicable for pregnant women.

4. **Section Number:** Form18\_Indicator 05

**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2011

**Field Note:**

Infant deaths per 1,000 live births: The Title V program does not have the capability to break the data into Medicaid and non-Medicaid for this section.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: PA**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: PA**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.



## FORM NOTES FOR FORM 19

The MCH program does not have direct access to much of the data provided, however, we have a close working relationship with the Bureau of Health Statistics and Research, which provides the necessary access to certain data as well as spearheads the collection of many of the mentioned data linkages.

### FIELD LEVEL NOTES

1. **Section Number:** Form19\_Indicator 09B

**Field Name:** YRBSS\_09B

**Row Name:** Youth Risk Behavior Survey (YRBS)

**Column Name:**

**Year:** 2011

**Field Note:**

Pennsylvania, under a partnership between the Departments of Education and Health, implemented the YRBS in spring 2009. In the first year, information was gathered from 60 public schools across the Commonwealth. The Centers for Disease Prevention and Control have committed to assist PA for five years and it is planned to expand the survey in years to come.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: PA**

**Form Level Notes for Form 20**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2005	2006	<b>Annual Indicator Data</b>		2009
	2007	2008			
<b>Annual Indicator</b>	8.3	8.5	8.4	8.3	
<b>Numerator</b>	12,045	12,479	12,496	12,301	
<b>Denominator</b>	144,278	147,333	148,683	148,448	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

2004 data have been revised as of April 26, 2007

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
		2005	2006	2007	2008	2009
Annual Indicator		6.6	6.6	6.6	6.5	
Numerator		9,139	9,411	9,452	9,238	
Denominator		139,143	142,021	143,431	143,096	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

2004 data have been revised as of April 26, 2007

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.6</u>	<u>1.6</u>	<u>1.6</u>	<u>          </u>
<b>Numerator</b>	<u>2,272</u>	<u>2,394</u>	<u>2,390</u>	<u>2,430</u>	<u>          </u>
<b>Denominator</b>	<u>144,278</u>	<u>147,333</u>	<u>148,683</u>	<u>148,448</u>	<u>          </u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

2004 data have been revised as of April 26, 2007

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>1.2</u>	<u>1.3</u>	<u>1.2</u>	<u>1.2</u>	<u>          </u>
<b>Numerator</b>	<u>1,690</u>	<u>1,808</u>	<u>1,768</u>	<u>1,776</u>	<u>          </u>
<b>Denominator</b>	<u>139,143</u>	<u>142,021</u>	<u>143,431</u>	<u>143,096</u>	<u>          </u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				<b>Final</b>	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Unknowns excluded in calculations.

Source: PA Department of Health, Bureau of Health Statistics and Research

2004 data have been revised as of April 26, 2007

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
Annual Indicator	6.3	6.1	7.4	5.8	
Numerator	146	140	169	133	
Denominator	2,326,570	2,313,503	2,299,158	2,290,858	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
Annual Indicator	2.3	2.9	2.2	1.4	
Numerator	54	66	50	32	
Denominator	2,326,570	2,313,503	2,299,158	2,290,858	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2005	2006	<b>Annual Indicator Data</b>		2009
			2007	2008	
Annual Indicator	24.2	20.1	22.4	20.3	
Numerator	429	362	405	367	
Denominator	1,776,217	1,800,534	1,808,240	1,809,067	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 12 to 18 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Bureau of Health Statistics and Research

Denominator source: PA State Data Center



**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
<b>Annual Indicator</b>	258.9	260.9	246.9	228.7	
<b>Numerator</b>	6,024	6,036	5,677	5,239	
<b>Denominator</b>	2,326,570	2,313,503	2,299,158	2,290,858	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 11 to 12 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Division of Health Risk Reduction

Denominator source: PA State Data Center

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Division of Health Risk Reduction

Denominator source: PA State Data Center

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>38.9</u>	<u>36.2</u>	<u>32.8</u>	<u>27.0</u>	<u>          </u>
<b>Numerator</b>	<u>906</u>	<u>838</u>	<u>753</u>	<u>619</u>	<u>          </u>
<b>Denominator</b>	<u>2,326,570</u>	<u>2,313,503</u>	<u>2,299,158</u>	<u>2,290,858</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 11 to 12 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Division of Health Risk Reduction

Denominator source: PA State Data Center

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Division of Health Risk Reduction

Denominator source: PA State Data Center

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	197.4	199.1	183.5	156.4	
Numerator	3,506	3,585	3,318	2,829	
Denominator	1,776,217	1,800,534	1,808,240	1,809,067	

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 11 to 12 months from the close of the calendar year.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Division of Health Risk Reduction

Denominator source: PA State Data Center

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator source: PA Department of Health, Division of Health Risk Reduction

Denominator source: PA State Data Center

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>25.2</u>	<u>26.1</u>	<u>27.9</u>	<u>28.2</u>	<u>          </u>
<b>Numerator</b>	<u>11,517</u>	<u>12,033</u>	<u>12,816</u>	<u>12,912</u>	<u>          </u>
<b>Denominator</b>	<u>457,118</u>	<u>460,542</u>	<u>459,738</u>	<u>458,373</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 11 to 12 months from the close of the calendar year.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Division of Communicable Diseases, reported to them in accordance with PA's Communicable Disease Act

Denominator source: PA State Data Center

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator Source: PA Department of Health, Division of Communicable Diseases, reported to them in accordance with PA's Communicable Disease Act.

Denominator Source: PA State Data Center

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>7.1</u>	<u>7.6</u>	<u>8.3</u>	<u>8.3</u>	<u>          </u>
<b>Numerator</b>	<u>14,582</u>	<u>15,513</u>	<u>16,751</u>	<u>16,666</u>	<u>          </u>
<b>Denominator</b>	<u>2,044,703</u>	<u>2,039,437</u>	<u>2,020,889</u>	<u>2,009,713</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data not available. Usually these data are available 11 to 12 months from the close of the calendar year.

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator source: PA Department of Health, Division of Communicable Diseases, reported to them in accordance with PA's Communicable Disease Act

Denominator source: PA State Data Center

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator Source: PA Department of Health, Division of Communicable Diseases, reported to them in accordance with PA's Communicable Disease Act.

Denominator source: PA State Data Center



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	150,344	122,635	21,161	0	5,002	0	0	1,546
Children 1 through 4	586,858	473,031	81,068	0	18,535	0	0	14,224
Children 5 through 9	755,144	613,466	101,231	0	19,958	0	0	20,489
Children 10 through 14	798,512	652,381	108,796	0	18,119	0	0	19,216
Children 15 through 19	922,818	761,172	122,074	0	21,744	0	0	17,828
Children 20 through 24	886,249	727,670	120,276	0	23,460	0	0	14,843
Children 0 through 24	4,099,925	3,350,355	554,606	0	106,818	0	0	88,146

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	136,182	14,162	0
Children 1 through 4	533,036	53,822	0
Children 5 through 9	694,800	60,344	0
Children 10 through 14	742,512	56,000	0
Children 15 through 19	863,817	59,001	0
Children 20 through 24	833,503	52,746	0
Children 0 through 24	3,803,850	296,075	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	158	38	87	0	0	0	0	33
Women 15 through 17	4,269	1,830	1,518	12	34	6	0	869
Women 18 through 19	9,439	5,167	2,764	24	59	10	0	1,415
Women 20 through 34	112,353	82,485	15,839	163	4,057	59	0	9,750
Women 35 or older	22,632	18,051	2,212	19	1,164	9	0	1,177
Women of all ages	148,851	107,571	22,420	218	5,314	84	0	13,244

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	119	35	4
Women 15 through 17	3,226	939	104
Women 18 through 19	7,733	1,533	173
Women 20 through 34	100,895	10,129	1,329
Women 35 or older	21,089	1,243	300
Women of all ages	133,062	13,879	1,910



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,090	716	322	1	24	0	0	27
Children 1 through 4	163	116	41	0	3	0	0	3
Children 5 through 9	77	47	27	0	2	0	0	1
Children 10 through 14	108	79	26	1	1	0	0	1
Children 15 through 19	484	357	122	0	4	0	0	1
Children 20 through 24	842	632	195	2	11	0	0	2
Children 0 through 24	2,764	1,947	733	4	45	0	0	35

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	981	101	8
Children 1 through 4	149	14	0
Children 5 through 9	74	3	0
Children 10 through 14	100	8	0
Children 15 through 19	461	23	0
Children 20 through 24	811	31	0
Children 0 through 24	2,576	180	8

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	3,213,676	2,622,685	434,330	0	83,358	0	0	73,303	2008
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	7.5	3.3	26.5	0.0	3.3	0.0	0.0	50.9	2009
Number enrolled in Medicaid	1,150,513	651,842	316,258	1,752	24,280	495	0	155,886	2009
Number enrolled in SCHIP	211,707	128,903	29,523	169	6,807	121	3,162	43,022	2009
Number living in foster home care	15,450	7,303	6,736	21	66	2	0	1,322	2009
Number enrolled in food stamp program	801,303	417,642	258,428	1,205	10,424	345	0	113,259	2009
Number enrolled in WIC	392,834	250,001	102,596	6,221	9,190	13,119	11,707	0	2009
Rate (per 100,000) of juvenile crime arrests	3,424.4	2,676.5	10,928.2	0.0	825.6	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.3	1.6	4.6	3.4	1.4	0.0	3.4	0.0	2009

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	2,970,347	243,329	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	6.8	17.2	0.0	2009
Number enrolled in Medicaid	990,952	159,418	143	2009
Number enrolled in SCHIP	200,189	11,518	0	2009
Number living in foster home care	14,110	1,338	2	2009
Number enrolled in food stamp program	676,372	124,931	0	2009
Number enrolled in WIC	304,112	72,763	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	4,654.1	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	5.9	0.0	2009

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>GEOGRAPHIC LIVING AREAS</b>	<b>TOTAL</b>
Living in metropolitan areas	<u>0</u>
Living in urban areas	<u>2,852,576</u>
Living in rural areas	<u>361,100</u>
Living in frontier areas	<u>0</u>
<b>Total - all children 0 through 19</b>	<u>3,213,676</u>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	12,011,873.0
Percent Below: 50% of poverty	5.3
100% of poverty	12.1
200% of poverty	28.6

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: PA**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>2,717,133.0</u>
Percent Below: 50% of poverty	<u>7.5</u>
100% of poverty	<u>16.8</u>
200% of poverty	<u>36.5</u>

## FORM NOTES FOR FORM 21

HSI #6A & 6B  
Source: PA State Data Center  
HSI #7A & 7B  
Source: PA Department of Health, Bureau of Health Statistics and Research  
HSI #8A & 8B  
Source: PA Department of Health, Bureau of Health Statistics and Research  
HSI #10  
Source: PA State Data Center  
HSI #11  
Source: U.S. Census Bureau, American Community Survey  
HSI #12  
Data provided are for children 0-17 years of age. Source: U.S. Census Bureau, American Community Survey

## FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or other Pacific Islander included in Asian.  
More than one race reported: Na
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or other Pacific Islander included in Asian.  
More than one race reported: Na
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or other Pacific Islander included in Asian.  
More than one race reported: Na
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or other Pacific Islander included in Asian.  
More than one race reported: Na
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or other Pacific Islander included in Asian.  
More than one race reported: Na
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or other Pacific Islander included in Asian.  
More than one race reported: Na
7. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
More than one race reported: Na
8. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
More than one race reported: Na
9. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women18to19

- Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 More than one race reported: Na
10. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 More than one race reported: Na
11. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 More than one race reported: Na
12. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Native Hawaiian or other Pacific Islander included in Asian. More than one race reported: Na
13. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Native Hawaiian or other Pacific Islander included in Asian. More than one race reported: Na
14. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Native Hawaiian or other Pacific Islander included in Asian. More than one race reported: Na
15. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Native Hawaiian or other Pacific Islander included in Asian. More than one race reported: Na
16. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Native Hawaiian or other Pacific Islander included in Asian. More than one race reported: Na
17. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Native Hawaiian or other Pacific Islander included in Asian. More than one race reported: Na
18. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 American Indian or Native Alaskan: Na  
 Native Hawaiian or other Pacific Islander included in Asian.  
 More than one race reported: Na  
 Source: PA State Data Center
19. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data are available only in a census year.
20. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 American Indian or Native Alaskan: Na

Native Hawaiian or Other Pacific Islander: Na  
More than one race reported: Na  
Percent in TANF (Grant) families is for FFY 2008-2009.  
Source: PA Department of Public Welfare

21. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
More than one race reported: Na  
Data are for FFY 2008-2009.  
Source: PA Department of Public Welfare
22. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Number enrolled in SCHIP – figures are as of 12/31/09.  
Source: PA Department of Insurance
23. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
More than one race reported: Na  
Data are for FFY 2008-2009.  
Source: PA Department of Public Welfare
24. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
More than one race reported: Na  
Other and Unknown: Na  
Includes all enrolled in WIC (not limited to children 19 and under)  
Source: Division of Women, Infants and Children
25. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
American Indian or Native Alaskan: Na  
Native Hawaiian or Other Pacific Islander included in Asian.  
More than one race reported: Na  
Other and Unknown: Na  
Rate (per 100,000) of juvenile crime arrests is based on population under age 18 and all arrests under age 18.  
Source: Official PA State Police Web Site
26. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Other and Unknown: Na  
Percentage of high school drop-outs (grade 9 through 12) white and black are non-Hispanic white and black and Native Hawaiian or Other Pacific Islander is included in Asian. Data are for school year 2008-2009  
Source: PA Department of Education
27. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Ethnicity Not Reported: Na
28. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Na
29. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Ethnicity Not Reported: Na
30. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo



**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2011

**Field Note:**

Ethnicity Not Reported: Na

**31. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2011

**Field Note:**

Ethnicity Not Reported: Na

**32. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2011

**Field Note:**

Total NOT Hispanic or Latino: Na

Ethnicity Not Reported: Na

**33. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2011

**Field Note:**

Total NOT Hispanic or Latino: Na

Ethnicity Not Reported: Na

**34. Section Number:** Form21\_Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2011

**Field Note:**

No standard definition provided for "metropolitan" area.

**35. Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2011

**Field Note:**

"Living in urban areas" is the number of children ages 0-19 in 2008 living in counties designated as urban (50% or more of the total population live in urban areas) in the 2000 U.S. Census.

**36. Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2011

**Field Note:**

"Living in rural areas" is the number of children ages 0-19 in 2008 living in counties designated as rural (less than 50% of total population live in urban areas) in the 2000 U.S. Census.

**37. Section Number:** Form21\_Indicator 10

**Field Name:** Frontier

**Row Name:** Living in frontier areas

**Column Name:**

**Year:** 2011

**Field Note:**

Na

**38. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2011

**Field Note:**

More than one race reported: Na

Number living in foster home care is as of 09/30/09. Children may be counted by more than one category of race.

Source: PA Department of Public Welfare

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: PA**

**Form Level Notes for Form 11**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of women (15 through 44) with a live birth whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck index.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Source	<input type="text"/>				
Is the Data Provisional or Final?	<input type="text"/>				

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None

# STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Black infant mortality rate per 1,000 live births.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None

**STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of women receiving WIC services screened for behavioral health concerns (through MCH consultants or state health nurses) at participating WIC clinics and/or their umbrella agencies.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Rate of pregnancy per 1,000 females ages 17 and under.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of infants and children (1-5) receiving WIC services screened for mental health concerns (through MCH consultants/state health nurses) at participating WIC clinics or their umbrella agencies.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of youth serving health, mental health, and drug and alcohol clinics that target LGBTQ, runaway or homeless youth.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

# STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The death rate per 100,000 due to unintentional injuries among children aged 19 years and younger

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None



**STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of families of children and youth with special health care needs (CYSHCN) served by Title V who have access to comprehensive information about services and programs for CYSHCN.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 9 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of children and youth with special health care needs (CYSHCN) ages 14-21 served by Title V who received services and information necessary to make a timely, healthy transition into adulthood

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 10 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of caregivers served by the Bureau of Family Health (BFH) programs who have access to respite care services when necessary

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: PA**

**Form Level Notes for Form 12**

General Note: Statistics from the PA Department of Health, Bureau of Health Statistics and Research are available only one year or more from the close of any year. We are therefore unable to provide certain statistics for 2009. All 2008 population data that appear (unless otherwise noted) are estimates calculated and provided by the PA State Data Center, Harrisburg, PA.

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: PA**

SP(New for Needs Assessment cycle 2011-2015) # 1

<b>PERFORMANCE MEASURE:</b>	Percent of women (15 through 44) with a live birth whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck index.
<b>STATUS:</b>	Active
<b>GOAL</b>	Increase the percent of women (15-44) with a live birth whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck index.
<b>DEFINITION</b>	<p>(Number of women [15 through 44] with a live birth whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck index/Number of women [15 through 44] with a live birth)*100</p> <p><b>Numerator:</b> Number of women (15 through 44) with a live birth whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck index.</p> <p><b>Denominator:</b> Number of women (15 through 44) with a live birth.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	Focus Area 16: Maternal, Infant and Child Health - Objective 16-06b: Percent of live births to mothe
<b>DATA SOURCES AND DATA ISSUES</b>	Certificate of live birth
<b>SIGNIFICANCE</b>	Prenatal care is an important public health priority as it can assist in identifying and preventing health problems as well as improving birth outcomes and the health of the mother and the baby. From 2006 -- 2008 79.7% of Pennsylvania women received prenatal care in the first trimester of pregnancy. During the same timeframe 1.4% received no prenatal care at all.

**PERFORMANCE MEASURE:** Black infant mortality rate per 1,000 live births.

**STATUS:** Active

**GOAL** Reduce the infant mortality rate per 1,000 live births among Blacks.

**DEFINITION** (Number of black infant deaths/Number of live births to black mothers) \* 1000

**Numerator:**  
Number of black infant deaths

**Denominator:**  
Number of live births to black mothers

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE** Focus Area 16: Maternal, Infant and Child Health - Objective 16-01c: Infant mortality rate

**DATA SOURCES AND DATA ISSUES** Certificate of death and Certificate of live birth

**SIGNIFICANCE** Pennsylvania's infant mortality rate is higher than the United States infant mortality rate. Furthermore, mortality rates among certain ethnic minorities in Pennsylvania are significantly higher. The Bureau has identified areas within the Commonwealth where infant mortality rates are persistently high and are developing strategies to address the issue. In 2008, some of the leading causes of infant death in Pennsylvania include the following: birth defects (19.0% [or 1 in 5] of all infant deaths), prematurity/low birth weight (19.4% of all infant deaths), maternal complications of pregnancy (10.6% of all infant deaths), neural tube defects (3.6% of all infant deaths); sudden infant death syndrome (7.2% of all infant deaths), and respiratory distress syndrome (2.1% of all infant deaths).

**PERFORMANCE MEASURE:**

Percent of women receiving WIC services screened for behavioral health concerns (through MCH consultants or state health nurses) at participating WIC clinics and/or their umbrella agencies.

**STATUS:**

Active

**GOAL**

Increase the number of women receiving WIC services who are screened for behavioral health concerns at participating WIC clinics and/or their umbrella agencies.

**DEFINITION**

(Number of women receiving WIC services screened for behavioral health concerns at participating WIC clinics and/or their umbrella agencies/Number of women receiving WIC services at participating WIC clinics and/or their umbrella agencies) \*100

**Numerator:**

Number of women receiving WIC services screened for behavioral health concerns (through MCH consultants or state health nurses) at participating WIC clinics and/or their umbrella agencies.

**Denominator:**

Number of women receiving WIC services at participating WIC clinics and/or their umbrella agencies.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

WIC

**SIGNIFICANCE**

Pregnancy and new motherhood may increase the risk of depressive episodes. Depression, as well as other behavioral health issues, may have devastating consequences not only for the women experiencing these issues but for their children and families also. The 2007 Pennsylvania PRAMS data set shows that a significantly higher percentage of new mothers within the following distinct categories reported having postpartum depressive symptoms: African American, Hispanic ethnicity, less education (< 12 years of school), younger (<20 years of age) and unintended pregnancies.



<b>PERFORMANCE MEASURE:</b>	Rate of pregnancy per 1,000 females ages 17 and under.
<b>STATUS:</b>	Active
<b>GOAL</b>	Decrease the rate of pregnancies among females ages 17 and under.
<b>DEFINITION</b>	<p>(Number of pregnancies among females ages 17 and under/Number of females ages 10-17) * 1000</p> <p><b>Numerator:</b> Number of pregnancies among females ages 17 and under</p> <p><b>Denominator:</b> Number of females ages 10-17</p> <p><b>Units:</b> 1000    <b>Text:</b> Rate</p>

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Certificate of live birth, Certificate of fetal death, Report of induced termination of pregnancy, and population estimate

**SIGNIFICANCE**

The pregnancy rate for teens 15-19 years old increased by almost 9% from 2005 (40.7) to 2008 (44.3). In addition, there are large racial and ethnic disparities in the teen pregnancy rates. The 2008 pregnancy rate for 15-19 year old Blacks was 123.5 compared to 26.4 for 15-19 year old Whites. Hispanic teens aged 15-19 had a pregnancy rate of 104.4 and Asian/Pacific Islander teens aged 15-19 had a pregnancy rate of 21.6 in 2008. For the under 15 year old age group, Blacks had the highest pregnancy rate in 2008 (4.7), followed by Hispanics and Whites having rates of 1.6 and 0.3, respectively. Asian/Pacific Islanders in the under 15 age group had too few reported pregnancies in 2008 to calculate a rate.

**PERFORMANCE MEASURE:**

Percent of infants and children (1-5) receiving WIC services screened for mental health concerns (through MCH consultants/state health nurses) at participating WIC clinics or their umbrella agencies.

**STATUS:**

Active

**GOAL**

Increase the number of infants (under age 1) and children (1-5) receiving WIC services screened for mental health concerns (through MCH consultants or state health nurses) at participating WIC clinics and/or their umbrella agencies.

**DEFINITION**

(Number of infants (Under age 1) and children (1-5) receiving WIC services screened for mental health concerns at participating WIC clinics and/or their umbrella agencies/Number of infants (Under age 1) and children (1-5) receiving WIC services at participating WIC clinics and/or their umbrella agencies)\*100

**Numerator:**

Number of infants (under age 1) and children (1-5) receiving WIC services screened for mental health concerns (through MCH consultants or state health nurses) at participating WIC clinics and/or their umbrella agencies.

**Denominator:**

Number of infants (under age 1) and children (1-5) receiving WIC services at participating WIC clinics and/or their umbrella agencies.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

WIC

**SIGNIFICANCE**

Poor circumstances, negative early experiences and lack of emotional support during normal growth and development can form the basis of the individual's human capital, which affects health throughout life. As cognitive, emotional and sensory development occur insecure or poor emotional attachment can lead to reduced readiness for school, low educational attainment and problem behavior in adolescents.

<b>PERFORMANCE MEASURE:</b>	Percent of youth serving health, mental health, and drug and alcohol clinics that target LGBTQ, runaway or homeless youth.
<b>STATUS:</b>	Active
<b>GOAL</b>	Increase the number of youth serving health, mental health, and drug and alcohol clinics that target LGBTQ, runaway or homeless youth.
<b>DEFINITION</b>	<p>(Number of youth serving health, mental health, and drug and alcohol clinics that target LGBTQ, runaway or homeless youth/Number of youth serving health, mental health, drug and alcohol clinics)*100</p> <p><b>Numerator:</b> Number of youth serving health clinics, mental health, drug and alcohol clinics that target LGBTQ, runaway or homeless youth.</p> <p><b>Denominator:</b> Number of youth serving health, mental health, and drug and alcohol clinics.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

BFH Provider Survey

**SIGNIFICANCE**

The health needs of lesbian, gay, bisexual, transgender and questioning youth are often not known by research and health authorities, and even when known, are often ignored and/or underfunded. Due in part to negative past experiences and mistrust of the medical profession, LGBTQ youth tend to visit health care professionals less often. LGBTQ youth are often guarded about discussing their sexual behavior with health care providers, fearing that "coming out" will lead to discrimination. Discrimination and a lack of funding for health services deprive many LGBTQ youth of the care they need and prevent these youth from achieving the optimal level of health and wellness.

<b>PERFORMANCE MEASURE:</b>	The death rate per 100,000 due to unintentional injuries among children aged 19 years and younger
<b>STATUS:</b>	Active
<b>GOAL</b>	Decrease the death rate due to unintentional injuries among children aged 19 years and younger
<b>DEFINITION</b>	<p>(Number of deaths due to unintentional injuries among children aged 19 years and younger/Number of children aged 19 years and younger) * 100000</p> <p><b>Numerator:</b> Number of deaths due to unintentional injuries among children aged 19 years and younger</p> <p><b>Denominator:</b> Number of children aged 19 years and younger</p> <p><b>Units:</b> 100000    <b>Text:</b> Rate</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	Certificate of death and population estimate
<b>SIGNIFICANCE</b>	Unintentional injury is the leading cause of death among individuals ages 1 through 34. In addition, millions of individuals are incapacitated by unintentional injuries, with many suffering lifelong disabilities. These events occur disproportionately among young and elderly persons (HP 2010). Many unintentional deaths and injuries are preventable. By studying and analyzing how and why these deaths occur in children ages 19 and younger, the Department of Health, along with community partners can develop and implement prevention strategies aimed at decreasing the death rate from unintentional injury.

<b>PERFORMANCE MEASURE:</b>	Percent of families of children and youth with special health care needs (CYSHCN) served by Title V who have access to comprehensive information about services and programs for CYSHCN.
<b>STATUS:</b>	Active
<b>GOAL</b>	Increase the number of families of CYSHCN served by Title V who have access to comprehensive information about services and programs for CYSHCN.
<b>DEFINITION</b>	<p>(Number of families of CYSHCN served by Title V who have access to comprehensive information about services and programs for CYSHCN/Number of families of CYSHCN served by Title V programs))*100</p> <p><b>Numerator:</b> Number of families of CYSHCN served by Title V who have access to comprehensive information about services and programs for CYSHCN</p> <p><b>Denominator:</b> Number of families of CYSHCN served by Title V programs</p> <p><b>Units:</b> 100   <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	BFH CYSHCN survey
<b>SIGNIFICANCE</b>	The 2010 Needs and Capacity Assessment findings showed parents voiced dissatisfaction related to availability and accessibility of care for the needs of their children with disabilities. A sampling of engagement with families and individuals indicated they were not aware of BFH programs, the available services, or how to access them.

**PERFORMANCE MEASURE:**

Percent of children and youth with special health care needs (CYSHCN) ages 14-21 served by Title V who received services and information necessary to make a timely, healthy transition into adulthood

**STATUS:**

Active

**GOAL**

Increase the number of CYSHCN ages 14-21 served by Title V who received services and information necessary to make a timely healthy transition into adulthood

**DEFINITION**

(Number of CYSHCN ages 14-21 who received the services and information necessary to make a timely, healthy transition into adulthood/Number of CYSHCN ages 14-21 served by Title V)\*100

**Numerator:**

Number of CYSHCN ages 14-21 served by Title V who received the services and information necessary to make a timely, healthy transition into adulthood

**Denominator:**

Number of CYSHCN ages 14-21 served served by Title V.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

BFH CYSHCN survey

**SIGNIFICANCE**

CYSHCN are living longer and more adolescents with chronic or involved conditions are surviving into adulthood. In PA, only 46% of youth with special health care needs (YSCHN) received the services necessary for them to make appropriate transitions to adult health care, work and independence. The Department of Education reports a total of 33,871 youth with special health care needs (ages 14-21) exited special education in FY 2008-2009. Of those exiting, 55% graduated with a regular high school diploma with the majority doing so at age 18.

<b>PERFORMANCE MEASURE:</b>	Percent of caregivers served by the Bureau of Family Health (BFH) programs who have access to respite care services when necessary
<b>STATUS:</b>	Active
<b>GOAL</b>	Increase the number of caregivers served by the BFH programs who have access to respite care when necessary
<b>DEFINITION</b>	(Number of caregivers served by the BFH programs who have access to respite care services when necessary/Number of caregivers served by the BFH programs)*100  <b>Numerator:</b> Number of caregivers served by the BFH programs who have access to respite care services when necessary  <b>Denominator:</b> Number of caregivers served by the BFH programs  <b>Units:</b> 100 <b>Text:</b> Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

BFH CYSHCN Survey

**SIGNIFICANCE**

Respite provides temporary relief for caregivers, strengthens the family system, and protects the health and well being of caregivers as well as care recipients. As cited in the Caregiving in the U.S. 2009 report, caregivers spend 20.4 hours per week on average providing care, and just over half (56%) say they provide all or most of the unpaid care and consider themselves to be the primary caregiver for their loved one.

